

## **Application Data Sheet**

### **Application Information**

Application number:: 10/715,868

Filing Date:: 11/17/03

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title:: West Nile Virus Vaccine

Attorney Docket Number:: 06132/075002

Request of Early Publication?:: No

Request of Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1

Small Entity?:: Yes

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Juan  
Middle Name::  
Family Name:: Arroyo  
Name Suffix::  
City of Residence:: Rockville  
State or Province of Residence:: MD  
Country of Residence::  
Street of mailing address:: 1014 Grand Champion Drive  
City of mailing address:: Rockville  
State or Province of mailing address:: MD  
Country of mailing address::  
Postal or Zip Code of mailing address:: 20850

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Charles  
Middle Name::  
Family Name:: Miller  
Name Suffix::  
City of Residence:: Lynn

State or Province of Residence:: MA

Country of Residence::

Street of mailing address:: 183 Euclid Avenue

City of mailing address:: Lynn

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 01904

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John

Middle Name:: Avram

Family Name:: Catalan

Name Suffix::

City of Residence:: Newton

State or Province of Residence:: MA

Country of Residence::

Street of mailing address:: 44 Irving Street

City of mailing address:: Newton

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 02459

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: P.  
Family Name:: Monath  
Name Suffix::  
City of Residence:: Harvard  
State or Province of Residence:: MA  
Country of Residence::  
Street of mailing address:: 21 Finn Road  
City of mailing address:: Harvard  
State or Province of mailing address:: MA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 01451

#### **Correspondence Information**

Correspondence Customer Number:: 21559

#### **Representative Information**

Representative Customer Number:: 21559

#### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::  
This Application An application claiming the 60/426,592 11/15/02  
benefit under 35 USC 119(e)

#### **Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::  
WO PCT/US03/36623 11/13/03 YES

**Assignee Information**

Assignee name:: Acambis Inc.  
Street of mailing address:: 38 Sidney Street  
City of mailing address:: Cambridge  
State of Province of mailing address:: MA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 02139